



## TACTICAL RESPONSE REPORT/Chicago Police Department

|  |   |  |   |  |   |   |   |   |   |   |  |                             |                                     |  |                |  |
|--|---|--|---|--|---|---|---|---|---|---|--|-----------------------------|-------------------------------------|--|----------------|--|
| MEMBER INVOLVED  | 1. DATE OF INCIDENT<br>27-NOV-2016  |  | TIME<br>23:35:00  |  | 2. ADDRESS OF OCCURRENCE<br>4529 W WASHINGTON BLVD CHICAGO, IL 60616  |   | 3. LOCATION CODE<br>330   |   | 4. BEAT/OCCUR<br>1113   |   | 5. VIDEO RECORDED INCIDENT<br><input type="checkbox"/> 01 BWC <input type="checkbox"/> 02 IN-CAR CAMERA<br><input type="checkbox"/> 03 OTHER REPT VIDEO      |                             |                                     |  |                |  |
|  | 6. POSITION<br>9161   |  | 7. LAST NAME<br>NAJM  |  | 8. FIRST NAME<br>SEAN M   |   | 9. STAR NO.<br>5088   |   | 10. SEX<br><input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F   |   | 11. RACE CODE<br>WHI   |                             | 12. AGE<br>600                      |  | 13. HT.<br>220 |  |
|  | 15. DATE OF APPT.<br>27-NOV-2006  |  | 16. EMPLOYEE NO.  |  | 17. UNIT & BEAT OF ASSIGNMENT<br>011 1162A  |   | 18. DUTY STATUS<br><input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off  |   | 19. MEMBER INJURED?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No  |   | 20. MEMBER IN UNIFORM?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No  |                             |                                     |  |                |  |
|  | 21. LAST NAME<br>GRIMES   |  | 22. FIRST NAME<br>RICHARD   |  | 23. M.I.<br>E   |   | 24. SEX<br><input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F   |   | 25. RACE<br>BLK   |   | 26. D.O.B.<br>18-DEC-1982  |                             | 27. HT.<br>504                      |  | 28. WT.<br>158 |  |
| SUBJECT INFORMATION  | 29. ADDRESS<br>4655 W ADAMS ST CHICAGO, IL 60644  |  |   |  | 30. TELEPHONE NO.   |   | 31. WAS SUBJECT ARMED?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No   |   | 32. SUBJECT INJURED BY MEMBER?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No   |   | 33. SUBJECT ALLEGED INJURY BY MEMBER?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No   |                             |                                     |  |                |  |
|  | 34. IF SUBJECT INJURED, DESCRIBE INJURY<br><input checked="" type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury<br><input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None  |  |   |  | 35. WHERE WAS MEDICAL TREATMENT OBTAINED?<br>COOK COUNTY HOSPITAL - STROGER HOSPITAL  |   |   |   |   |   |  |                             |                                     |  |                |  |
|  | 36. BY WHOM?  |  |   |  | 37. CONDITION<br><input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized<br><input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid  |   |   |   |   |   |  |                             |                                     |  |                |  |
|  | 38. CHARGES PLACED  |  |   |  | <input type="checkbox"/> DNA  |   |   |   | 39. CB NO.  |   |  |                             | IR NO. <input type="checkbox"/> DNA |  |                |  |
| REASON FOR USE OF FORCE<br>(Check all that apply)  | 40. PASSIVE RESISTER  |  | ACTIVE RESISTER   |  | ASSAILANT-ASSAULT   |   | ASSAILANT-BATTERY   |   | ASSAILANT-DEADLY FORCE  |   |  |                             |                                     |  |                |  |
|  | DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/><br>STIFFENED (DEAD WEIGHT) <input type="checkbox"/><br>OTHER _____  |  | FLED <input type="checkbox"/><br>PULLED AWAY <input type="checkbox"/><br>OTHER _____  |  | IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/><br>OTHER _____<br>PERCEIVED AS _____   |   | ATTACK WITH WEAPON <input checked="" type="checkbox"/><br>ATTACK WITHOUT WEAPON <input type="checkbox"/><br>OTHER _____   |   | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/><br>WEAPON <input checked="" type="checkbox"/><br>OTHER _____<br>PERCEIVED AS _____                        |   |  |                             |                                     |  |                |  |
|  | MEMBER PRESENCE <input checked="" type="checkbox"/><br>VERBAL COMMANDS <input checked="" type="checkbox"/><br>ESCORT HOLDS <input type="checkbox"/><br>WRISTLOCK <input type="checkbox"/><br>ARMSBAR <input type="checkbox"/><br>PRESSURE SENSITIVE AREAS <input type="checkbox"/><br>CONTROL INSTRUMENT <input type="checkbox"/><br>OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/><br>LRAD WITH AUTHORIZATION <input type="checkbox"/><br>OTHER _____ |  | OPEN HAND STRIKE <input type="checkbox"/><br>TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/><br>OC CHEMICAL WEAPON <input type="checkbox"/><br>CANINE <input type="checkbox"/><br>TASER (Probe Discharge) <input type="checkbox"/><br>01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/><br>TASER (Contact Stun) <input type="checkbox"/><br>01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/><br>TASER (ARC Cycle) <input type="checkbox"/><br>01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/><br>TASER (Spark Displayed) <input type="checkbox"/><br>01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/><br>OTHER _____ |  | ELBOW STRIKE <input type="checkbox"/><br>KNEE STRIKE <input type="checkbox"/><br>CLOSED HAND STRIKE/PUNCH <input type="checkbox"/><br>KICKS <input type="checkbox"/><br>IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/><br>IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/><br>OTHER _____ |   | FIREARM <input checked="" type="checkbox"/><br>OTHER _____  |   |   |   |  |                             |                                     |  |                |  |
|  |   |  |   |  |   |   |   |   |   |   |  |                             |                                     |  |                |  |
| WEAPON DISCHARGE INCIDENT  | 41. *OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)  |  |   |  | RANK  |   | STAR NO.  |   | UNIT NO.  |   | 42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No |                             |                                     |  |                |  |
|  | 43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No  |  |   |  | 44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No   |   |   |   | 45. DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY?<br><input checked="" type="checkbox"/> 01 No <input checked="" type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member |   |  |                             |                                     |  |                |  |
|  | 46. WEAPON TYPE<br><input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN<br><input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON<br><input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER   |  |   |  | 47. INCIDENT OCCURRED<br><input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors  |   | 48. LIGHTING CONDITIONS<br><input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk<br><input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial |   | 49. WEATHER CONDITIONS<br>RAIN  |   |  |                             |                                     |  |                |  |
|  | 50. MAKE/MANUFACTURER<br>GLOCK, INC.-AU-  |  |   |  | 51. MODEL<br>21   |   | 52. BARREL LENGTH<br>4.5  |   | 53. CALIBER/GAUGE<br>45 CAL   |   |  |                             |                                     |  |                |  |
| 54. TASER DART ID NO.  |   |  |   | 55. WEAPON SERIAL No. (Include Letters)<br>YHR960  |   | 56. CHICAGO GUN REG. NO.<br>R037545S  |   | 57. IL FIREARM OWNER ID. NO.<br>25220420  |   | 58. HANDGUN CERTIFICATE NO.               |  |                             |                                     |  |                |  |
| 59. SPECIAL WEAPON CERTIFICATE NO.   |   |  |   | 60. PROPERTY INVENTORY NO.   |   | 61. TYPE OF AMMUNITION USED<br>Department Issued  |   | 62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER<br>1   |   | 63. TOTAL NO. OF SHOTS MEMBER FIRED<br>14 |  | 75. EVENT NO.<br>1633214329 |                                     |  |                |  |
| 64. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (Specify)<br><input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER                       |   |  |   | 65. WAS FIREARM RELOADED DURING INCIDENT<br><input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO  |   | 66. NO. OF CARTRIDGES/SHOT SHELLS RELOADED  |   | 67. HOW WAS MEMBER'S HANDGUN WORN<br><input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)   |   | 76. R.D. NO.<br>HZ531419                  |  |                             |                                     |  |                |  |
| 68. HOW WAS MEMBER'S HANDGUN DRAWN<br><input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) |   |  |   | 69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD  |   | 70. DID MEMBER USE SIGHTS<br><input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO  |   |   |   |   |  |                             |                                     |  |                |  |
| 71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC.)<br>BRICK WALL   |   |  |   | 72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED<br><input type="checkbox"/> 01 0 - 05 FT. <input checked="" type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. |   | 73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON<br><input checked="" type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE<br><input checked="" type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION |   | 74. POSITION OF MEMBER DISCHARGING WEAPON<br><input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING<br><input type="checkbox"/> 05 OTHER (Specify) |   |   |  |                             |                                     |  |                |  |

103 1083171  
Attachment 21  
V# 16-24

|                  |  |  |                                  |  |                                 |
|------------------|--|--|----------------------------------|--|---------------------------------|
| CASE INFORMATION | 77. NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE<br>NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC<br>NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input checked="" type="checkbox"/> OEMC<br>Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. |  |                                  | 75. EVENT NO.<br><b>1633214329</b>   |                                 |
|                  | 78. ADDITIONAL INFORMATION<br><b>ASSAILANT PRESENTED AND FIRED A HANDGUN AT REPORTING OFFICER</b>  |  |                                  |  |                                 |
| SIGNATURES       | 79. REPORTING MEMBER (Print Name)<br><b>NAJM, SEAN M</b><br><b>28-NOV-2016 07:52:21</b>  |  | STAR/EMPLOYEE NO.<br><b>5088</b> | SIGNATURE<br> | 76. R.D. NO.<br><b>HZ531419</b> |
|                  | Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.   |  |                                  |  |                                 |
|                  | 80. REVIEWING SUPERVISOR (Print Name)<br><b>BARNETT, THOMAS W</b>  |  | STAR NO.<br><b>2102</b>          | SIGNATURE<br> |                                 |

1083171 16-24  
 1083171 21

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

### 81. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject is deceased.

### 82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

Based on the information available at this time, the preliminary investigation indicates that the officer's actions were in compliance with Department directives. Further investigation is required under U#16-24.

### 83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

☒ I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

### 84. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

☒ INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.

☐ LOC NO 1083171 OBTAINED

### 85. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

BAY, ROGER J

### 86.

TRR \_\_\_\_\_ OF \_\_\_\_\_ TRR(S)

### 87. DISTRIBUTION OF TRR:

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.

2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:

A. INDEPENDENT POLICE REVIEW AUTHORITY, AND

B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE

[Redacted Signature]

DATE COMPLETED TIME

28-NOV-2016 08:02:49

1083171 1083171 U#16-24  
Attachment 21